

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50	↑					
TOTAL IND.	1		↓			
TOTAL DEP.	18	←	↓	←	↓	←
TOTAL CLAIMS	19	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓				
TOTAL DEP.		←		←	↓	←
TOTAL CLAIMS		████████	████████	████████	████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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